



# Food addiction

**VAADA Conference  
2025**

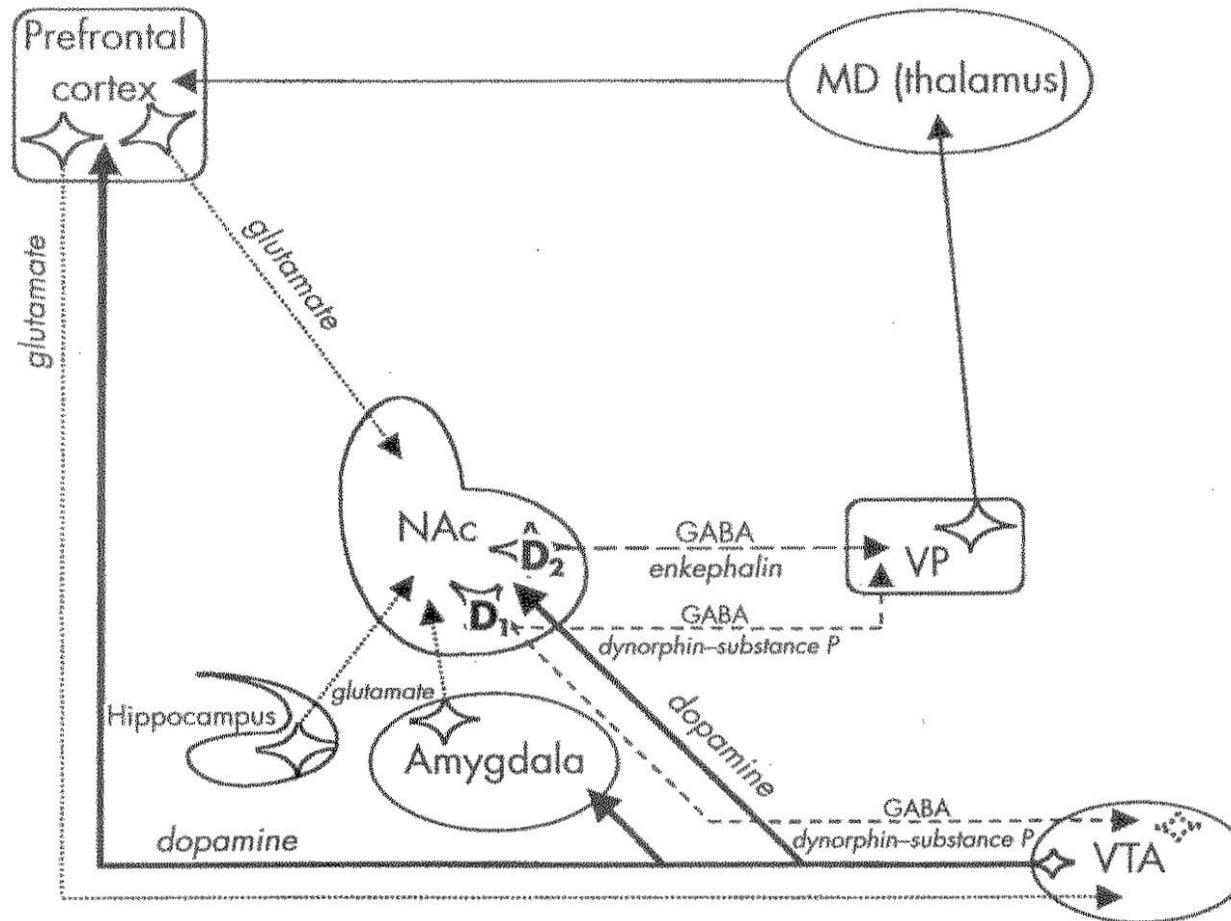
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There's no such thing as food addiction!  
(~1990)

# Neural Circuitry Of Addiction

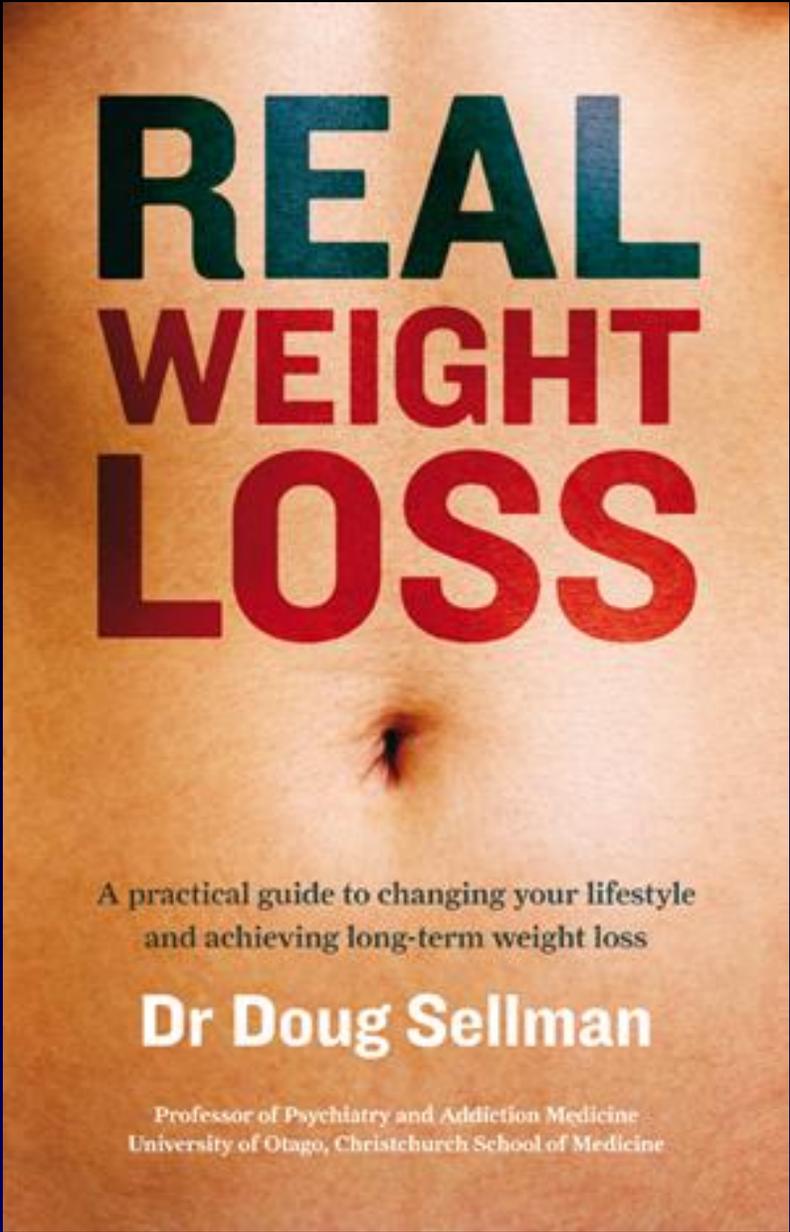
(Hammer 2002)



- The increasing prevalence and impact of obesity in our society and the urgent need to develop better therapeutic interventions that help mitigate the pathologically intense drive for food consumption are clear.
- We have an opportunity in DSM-V to recognize a component of obesity as a mental disorder.

(Volkow & O'Brien, AJP 2007)





# REAL WEIGHT LOSS

A practical guide to changing your lifestyle  
and achieving long-term weight loss

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Research report

## Preliminary validation of the Yale Food Addiction Scale

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### ABSTRACT

Previous research has found similarities between addiction to psychoactive substances and excessive food consumption. Further exploration is needed to evaluate the concept of "food addiction," as there is currently a lack of psychometrically validated measurement tools in this area. The current study represents a preliminary exploration of the Yale Food Addiction Scale (YFAS), designed to identify those exhibiting signs of addiction towards certain types of foods (e.g., high fat and high sugar). Survey data were collected from 353 respondents from a stratified random sample of young adults. In addition to the YFAS, the survey assessed eating pathology, alcohol consumption and other health behaviors. The YFAS exhibited adequate internal reliability, and showed good convergent validity with measures of similar constructs and good discriminant validity relative to related but dissimilar constructs. Additionally, the YFAS predicted binge-eating behavior above and beyond existing measures of eating pathology, demonstrating incremental validity. The YFAS is a sound tool for identifying eating patterns that are similar to behaviors seen in classic areas of addiction. Further evaluation of the scale is needed, especially due to a low response rate of 24.5% and a non-clinical sample, but confirmation of the reliability and validity of the scale has the potential to facilitate empirical research on the concept of "food addiction".

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# Diagnosis of food addiction based on DSM-IV SUBSTANCE DEPENDENCE

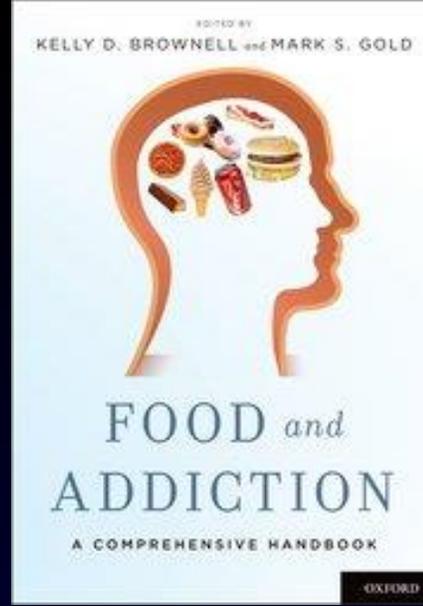
1. Consumption is often more than intended (quantity or time)
2. Unsuccessful attempts to cut down or control consumption
3. Much time is spent in consumption (time +++)
4. Important activities given up or reduced
5. Continued consumption despite knowledge of associated medical or psychological problems
6. Tolerance (acquired)
7. Withdrawal



# From the front lines

Philip Werdell (2012)

- Has worked with over 4000 “late-stage food addicts” since 1986
- Recently developed the Food Addiction Institute in Sarasota, Florida
- “[In my experience] most doctors, dieticians and therapists discount or minimize chemical dependency on food”



“Food can act on the brain as an addictive substance. Certain constituents of food, sugar in particular, may hijack the brain and override will, judgement and personal responsibility, and in so doing create a public health menace.

The foods most likely to trigger an addictive process appear to be those marketed most aggressively by industry, which manipulates its products to maximize palatability”

Kelly Brownell & Mark Gold (2012)

**Food addiction**



**Alcohol addiction**



# Prevalence of food addiction?

Gearhardt et al 2016

- US community sample of workers (n=550)
- 14.9% met YFAS 2.0 criteria for food addiction  
so could be over 500,000 New Zealanders with food addiction (FA)
- Food addiction was significantly correlated with BMI

	No FA	Mild FA	Mod-severe FA
BMI	25.9	27.7	31.5

**A research-based  
food addiction/obesity  
recovery network**

**Kia Ākina**

*“Be encouraged and supported”*

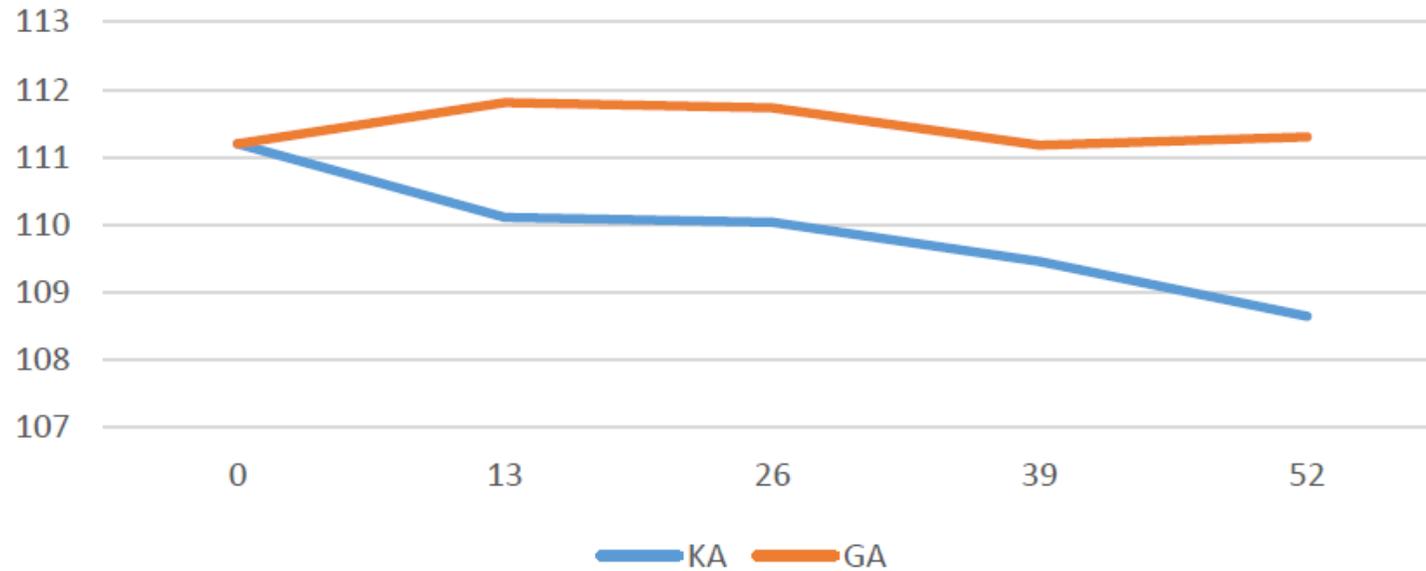


# First strategy

- Focus on ultra-processed food
- NEEDNT food (Non-Essential, Energy-Dense, Nutritionally-deficient)
- Food rules for NEEDNT food



Weight vs Time for Green Prescription plus Kia  
Ākina (KA) and Green Prescription alone (GA)  
(n=108)



# Science of Fasting

<https://www.youtube.com/watch?v=sNdWCZWpjuU>

# Primary effect of fasting

A food addiction-interrupter



# Other probable health benefits

- Aids weight loss and weight control (calories, MR and insulin)
- Produces rejuvenation and revitalisation of the body (autophagy, apoptosis, decrease in inflammation) thereby enhances health
- Increases longevity (yeast, nematodes, drosophila, mice, rats, Rhesus monkeys)
- Helps prevent chronic disease – Type 2 diabetes, cardiovascular disease, cancer, Alzheimer's disease
- May arrest chronic disease and possibly reverses symptoms

# Apparent Prolongation of the Life Span of Rats by Intermittent Fasting (Carlson & Hoelzel 1946)

- 137 rats (aged 42 days) randomized to one of four groups
- 1 in 4, 3, 2 day fasting vs control (ad libitum eating)
- Life span increased 20% in the males, 15% in the females
- 1 in 3 day fasting was the most effective
- No retardation of growth observed
- Mammary tumours retarded in proportion to the amount of fasting

# Conclusions

1. Food addiction is gaining scientific validity
2. Compulsion drives food addiction
3. Food addiction is strongly associated with obesity
4. Successful treatment of food addiction involves addiction interruption  
- food rules, and/or fasting
5. Fasting has additional health benefits